STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
NAME OF COMMITTEE (in	(Check if name Example: If typying, type over the lines	12FE4M5
NEW YORK B	ANKERS ASSOCIATION COMMUNITY POLITICAL ACTION C	OMMITTEE
ADDRESS (number and	99 Park Avenue	
(Check if address is changed)	NEW YORK	NY 10016 -
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	kjannetty@nyba.com	
io dinangou,		
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)		
is changeu)		
2. DATE M_N		
3. FEC IDENTIFICA	TION NUMBER C C00098301	
4. IS THIS STATEM	IENT NEW (N) OR X AMENDED (A)	
4. IS THIS STATEM	IENT NEW (N) OR X AMENDED (A)	
Loortify that I have eveni	and this Statement and to the heat of my knowledge and heliof it is true, correct an	N complete
r certily that mave exami	ned this Statement and to the best of my knowledge and belief it is true, correct and	a complete
Type or Print Name of	Treasurer Karen Jannetty	
Signature of Treasurer	Electronically Filed by Karen Jannetty	Date 03 / 25 / 2009
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED V	
Office Use Only	For further information of Federal Election Commiss Toll Free 800-424-9530	